
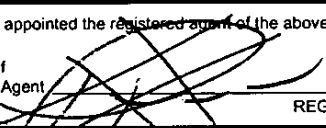


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 SEP 18 PM 2:43 SECRETARY OF STATE	
DOCUMENT # <u>N39252</u>					
1. Corporation Name OLD SUGAR MILL ESTATES, UNIT VII PROPERTY OWNERS ASSOCIATION, INC. <u>W05-34381</u>					
2. Principal Office Address 4500 12TH LANE Suite, Apt. #, etc.		3. Mailing Office Address 4500 12TH LANE Suite, Apt. #, etc.		REINSTATEMENT <u>03-05</u>	
City & State VERO BEACH, FL		City & State VERO BEACH, FL		4. Date Incorporated or Qualified To Do Business in Florida	
Zip 32966	Country US	Zip 32966	Country US	5. FEI Number 59-3144558	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>Robert A. Morgan</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>4500 12TH LN</u>		
Suite, Apt. #, Etc.		
City VERO BEACH	State FL	Zip Code 32966

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date <u>9-6-05</u>
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ROBERT A MORGAN	4500 12TH LN	VERO BEACH, FL 32966
VP	JOSEPH E BOUDREAUX	4300 12TH LN	VERO BEACH, FL 32966
S	ALISON H RHODEN	4550 12TH LN	VERO BEACH, FL 32966
T	DIANE B KEPLY	1255 47TH AVE	VERO BEACH, FL 32966
300059903193 09/23/05--01057--003 **358.75			

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Diane B Kepley Bookkeeper 4-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E081 (01/05)